



COUNTY COUNCIL FOR THE SOKE OF PETERBOROUGH

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
FOR THE YEAR
1943
=====

SOKE OF PETERBOROUGH COUNTY COUNCIL

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER

FOR THE YEAR 1943

=====

List of Members of the Public Health and Housing and Mental Deficiency, Mental Treatment, Maternity and Child Welfare and Midwives Acts Committee :-

County Aldermen

J.T. Briggs,
The Most Noble the Marquess of Exeter, K.G. C.M.G.

County Councillors

P. Adams,	The Rev. W.H. Barry,
G.H. Allen,	J.R. Horrell,
Mrs M.C. Cook,	A.J. Nutt,
W. Neaverson,	G.P. Little,
Mrs M. Pailing	Miss E.J. Warwick,
G.T. Vawser	

Co-opted Members

Mrs Mansfield	Mrs M.H. Slater.
The Hon. Mrs G. Pelham.	

Since my last Report was written, the danger of the smaller County Councils being engulfed, like Jonah, in the cavity of some regional authority had been less in evidence till August of this year, when the Minister of Health made the following statement in the House of Commons (August 3rd 1944) :-

" The Government do not consider that any case has been made out for abandoning in favour of some form of regional government the main features of the County Borough system of local government. On the other hand the Government was satisfied that within the general framework of County and County Borough Government there was need and scope for improvement. Before putting any detailed proposal before Parliament he (the Minister) hoped within the next month to open discussion with the local government bodies and then to lay before Parliament a general outline of the Government's proposal before submitting actual legislative measures. "

The Ministry of Education has, however, stepped in and it seems probable that a Joint Authority for education will be established for the counties of the Soke of Peterborough, Huntingdonshire, and the City of Peterborough.

It is not for me to say what will be the educational advantages of such a scheme. What it will mean on the medical side I can imagine.

A large County has to have a medical administrator, an office wallah who becomes more and more devoted to fumbling papers and less and less interested in medicine. His clinical work is delegated to juniors, who are usually birds of passage. Whereas if the detailed office work is delegated to an efficient layman the Officer can devote himself to purely professional work, and therefore becomes devoted to his work and unlikely to seek pastures new. Local experience seems to support this claim. Thus, Dr Moss Blundell was Medical Officer of Health for Huntingdonshire for over 30 years, Dr Lowe of Kesteven for a like period, and Dr Johnstone for the City of Peterborough for 24 years. I claim that a man who is doing the practical work of his profession is more likely to formulate sound principles of administration than a gentleman whose ideas are derived from the blue books and not from personal observation.

I have judged it advisable to discuss briefly the reactions of various sections of the profession to the White Paper.

The White Paper proposes three main sections of medical services.

- (1) A Central Medical Board with its local committees administering the general practitioner health service.
- (2) The Joint Board administering the hospital and consultant services, including the maternity hospital, tuberculosis, mental and infectious disease, and the clinical aspects of venereal disease.
- (3) A local health service administered by the County Councils consisting of the school medical service, the infant welfare service, and possibly certain duties in connection with venereal disease.

The responsibility for the domiciliary midwifery service seems uncertain. It is certain, however, that institutional midwifery will be in the hands of the Joint Board.

In addition to this another Body is to be appointed, a Central Health Services Council, to give advice to the Minister on such points as medical practice and medical teaching, hospital organisation, etc.

The British Medical Association does not approve because this Body is to be appointed by the Minister and to report only through him. The public, it says, may have no knowledge as to what this Body recommends.

The Central Medical Board was suggested by the Government as an alternative to the objection of doctors to enter into contracts with local authorities. But two important powers are objected to by the British Medical Association, viz., (1) if a practitioner wants to start afresh in public practice in another area he must first obtain the consent of the Board, and (2) newly qualified practitioners desiring to take up public practice in a particular area are to be whole time officers.

But a questionnaire replied to by 25,435 doctors did not consider that the first proposal was unreasonable, 57 per cent agreeing, but as regards (2) the great majority considered the proposal unreasonable.

A similar query sent to the British medical students considered the whole time requirements of the White Paper reasonable, 53 per cent being favourable, and considered a salary of £560 per annum satisfactory, compared with £520 advised by their seniors. A general practitioner aged 40 should be satisfied with a salary of £1600 without a pension, and £1280 with an adequate pension.

The total cost of the scheme for England and Wales is estimated as £132,000,000 to be derived from taxes, rates, and social insurance.

The Joint Health Authority comes in for much criticism. It has to plan and administer hospital and allied services, and plan non-hospital services.

No steps are proposed to ensure that either these Joint Health Authorities or their Committees will contain persons of knowledge and experience in these subjects.

The size of the population of the Joint Boards is said to vary from a million to half a million. Some counties, presumably, will be able to form their own Joint Boards at once; for the others it will be long before effective Joint Boards can be set up, and at first they will delegate back their powers to the counties.

The great objection to the Joint Board is that there is little suggestion of intimate connection with the existing Public Health services. The local Medical Officer will have no close connection with the large fever hospitals which are projected by the Joint Boards.

The Medical Officer of Health will no longer be an expert diagnostician as he will cease to be in clinical charge of an institution. He will still have to endeavour to check epidemics, but he has no right of entry to the hospital, and will be unable to question patients as to their movements before entry into hospital, whence they get their milk, their water, and their food. Up to now the Medical Officer and his trained staff has carried out this work successfully. Such work cannot be dealt with by laboratory technicians as suggested in the White Paper.

Again, tuberculosis is to be taken away from the Public Health Departments, as if a problem of this nature could be dealt with entirely by institutions. Environment counts for much. Not all patients are suitable for sanatoria; others, owing to their financial and domestic circumstances, must be removed at once.

A scheme for tuberculosis similar to that proposed in the White Paper has been in force for years in Wales, but the high death rate for that Country still remains a national disgrace. The horrible sanitary conditions account for much and are no doubt dependent upon the separation of the clinical and public health services.

Venereal Diseases Scheme.

In many areas this has been, and in many more still is undertaken by voluntary hospitals. This was not successful in Rutland and the Soke of Peterborough, and it is now recognised that ad hoc centres function well. Both venereal disease and tuberculosis owing to their chronicity and their widespread sociological implications are unsuitable for voluntary hospital organisation, which is primarily not concerned with disease, but only with the breakdown from disease - a service which is splendidly performed.

The school medical service which has done so much for over thirty years is also to be disintegrated. Treatment is to be taken out of its hand, and the ailing school child will be referred to his own doctor, with the same result as when medical inspection was begun - no treatment was, or will be obtained.

This widespread system of destruction, or should I say reconstruction, outlined above, is surpassed by the chaotic arrangements suggested for maternal and child welfare. Antenatal centres will be administered by one authority, the maternity hospital by another, and the control of midwives by yet another.

Voluntary hospitals are seriously alarmed as to their future. The contributory scheme on which so many depend for their beneficent activities will cease to function. They will have to make contracts with local authorities and will receive less than the cost of the work they do. They complain that they are afforded no effective place in the administrative or advisory machinery either at the Centre or locally.

Health Centres:

The Government's proposal seems to suggest a service very similar to that afforded by out-patient departments of voluntary hospitals and dispensaries, and not the recreational, educational amenities and medical care of the Peckham Health Centre, which was built at a cost of £38,000. The top floor is devoted to medical consultation rooms and laboratories, a library, workroom, and games room. The floor below is occupied by a large social hall and cafeteria. The ground floor consists of a swimming bath, gymnasium and theatre. For a weekly subscription of 1/- per family, entitling all children under 16 or still at school, is offered a periodical health overhaul, with laboratory examinations, advice on contraception, infant care, immunisations, sex, and a general use of the building, including the cafeteria, dance hall, and night nursery. Small charges are made for swimming baths, billiard tables, table tennis, darts etc. The total income derived from these two sources is £10,000 a year. How necessary such a Centre is has been proved by the figures revealed by the medical examinations.

25 per cent were actually diseased and knew it. 68.5 per cent more suffered from serious or trivial diseases, varying from cancer and nephritis to worms or such disease as rickets, and were not aware of their disabilities. Only 9.2 per cent were found without defects or deficiencies.

The Medical profession is strongly in favour of the Health Centre, 68 per cent being in favour, varying from 84 per cent among salaried doctors, 83 per cent of service doctors, 60 per cent of general practitioners, and 67 per cent of consultants.

How far can Health Centres be established in the Soke of Peterborough ? In part, I think, by taking over large country houses, rectories, and vicarages, which are now a worry and encumbrance to their owners and tenants. and by extension of village clubs. In the City of Peterborough why not build a Health Centre round the existing swimming bath, which is in a central position, and close to railway and omnibus stations.

But the best criticism of the White Paper from the Public Health service is by Professor Greenwood Wilson (Medical Press & Circular Aug. 30th 1944). He says " The Government have published their White Paper on a National Health Service apparently on the assumption that to nationalise hospitals and medical curative services is the first step required to bring health to all. But why pick on the doctors ? They are not the cause of ill health. They only try to patch it up when it has arrived. " He goes on to contrast the position of the medical profession with that of the Slumlord, the jerry builder, and the bad employer of labour. The private profiting activities of medical men are to be severely or entirely curtailed, but the building industry may continue free of control. It may keep as wide as possible its unrestricted profit making activities the gap between the economic rent and the rent that the average tenant can afford to pay for a dwelling that will keep the doctor away.

With regard to the reaction of the public as a whole, I personally have not ascertained that there is any overwhelming desire for these changes. " The News Chronicle" organized an investigation. 55 per cent voted for a National Health Service; 32 per cent said " leave things as they are," and 13 per cent said they did not know. The idea of a medical man being used to ensure health and detect disease in its early and curable state has not yet penetrated the minds of the general public, nor for the matter of that, to the Ministries of Health and Education.

In the reorganisation of the Peterborough War Memorial Hospital further steps have been taken by the appointment of more consultants; an additional Surgeon for the Nose, Throat and Ear Department has been elected, and a Dermatologist, both of whom visit weekly. Consultants are available when required for the following specialities: (1) Neurology; (2) Genito-urinary Surgery; (3) General Surgery, Obstetrics and Gynaecology.

During the year a maternity department was established at Thorpe Hall by the Peterborough Memorial Hospital. I was asked to inspect the premises and report to the Public Health Committee.

Thorpe Hall is an Inigo Jones House of surpassing beauty, but it was not intended for a hospital, and its lofty and large rooms are not ventilated in accordance with hospital requirements, nor was the heating of the nursery satisfactory. No emergency fire escape structures had been installed, nor had any arrangements been made for the isolation of patients suffering from puerperal fever. Otherwise the sanitary arrangements are excellent.

It is staffed by four midwives.

The Maternity Unit consists of two lofty wards, each containing six beds. One is heated by electric radiators; the other by central heating. The ventilation is in one ward by one large window or glass door, some 18 feet high: in the other by two windows. In bad weather ventilation may be a difficulty.

The arrangements for sterilization are good.
 The dressings are sterilized in the main hospital.
 The closets and bathrooms are excellent. The drains are not connected with the Peterborough City Sewage disposal works but drain into a cesspool. There have been no complaints about smell.
 The water supply is from the City mains.
 There is a good nursery with suitable baths for the babies.
 This is a very lofty room and I was doubtful if the heating and ventilation would be satisfactory.

POPULATION AND BIRTHS

The population for the County of the Soke of Peterborough is given as 57,250, as compared with 57,680 in 1942.

The number of births in the County of the Soke of Peterborough was 945, 515 being males and 430 females. The birth rate is 16.5, as compared with 16.5 per 1000 of the civilian population in England and Wales; 18.6 for the 126 County Boroughs and Great Towns; 19.4 for the 148 smaller towns, and 15.8 for London.

851 births were legitimate and 94 illegitimate. In 1937 the number of illegitimate births was 40; in 1938 - 43; 1939 - 37; 1940 - 37; 1941 - 54, and 1942 - 54.

There were 33 stillbirths. 14 of these were males and 19 females, the rate per 1000 births being 33.7.

EXTRACT FROM VITAL STATISTICS

<u>Live Births</u>	Legitimate	Males	470.	Females	381.	Total	851
	Illegitimate	"	45	"	49	"	94
	Total	"	515	"	430	"	945

BIRTH RATE 16.5

<u>Stillbirths</u>	Males	14.	Females	19.	Total	33
--------------------	-------	-----	---------	-----	-------	----

Rate per 1000 total births 33.7.

<u>Deaths</u>	Males	386.	Females	346.	Total	732.
---------------	-------	------	---------	------	-------	------

DEATH RATE 12.7

Deaths of infants under 1 year of age per 1000 live births :-

Legitimate	37	Rate	43.4
Illegitimate	5	"	53.1
Total	42	"	44.4

Number of women dying in, or in consequence of, childbirth :-

From sepsis	0
From other causes	3

Deaths from Measles	(all ages)	0
" " Whooping Cough	" "	0
" " Diarrhoea (under 2 years)		2

The rateable value of the County on the 1st April 1943 was £380,909. The sum represented by a penny rate was £1,520.

MIDWIVES

The number of cases attended by each midwife in 1943 was as follows.

<u>Midwife</u>	<u>Address</u>	<u>Cases attended as</u>	
		<u>Midwife.</u>	<u>Maternity Nurse</u>
A.V. Sydee,	30, Exeter Road, Peterborough	33	29
E. Evans,	2, London Road	" 27	35
D.M. Battson,	5, Marholm Road	" 19	26
M. Taylor,	2, Buckle Street	" 20	16
E. Eggett,	37, Alma Road	" 25	25
A.R. Stamper,	Helpston	" 24	15
J.H. Jones,	72, London Road	" 30	11
M. Ireland,	80, Harris Street	" 16	31
N.I. Bland	Walcot House, Eye	" 12	0
M. Yarham,	28, Pipe Lane	" 1	7
G.S. Clement,	60, Russell Street	" 42	26
E.G. French,	142, Mayors Walk,	" 20	85
M. Wood,	34, Summerfield Road	" 0	3
E.R. Notley,	54, St Martin's Street	" 4	12
J.F. Yeoman,	St John's Hospital	" 27	11
M. Ireland	St John's Hospital	" 22	3
B.M. Hayward	Thorpe Hall Annexe	" 0	4
M.E. Owen,	Thorpe Hall Annexe	" 1	15
C.M. Chesterfield	Thorpe Hall Annexe	" 4	16
W.P. Langford	Thorpe Hall Annexe	" 0	2
M.S. Gray,	5, Geneva Street	" 2	127
<u>Totals :-</u>		<u>329</u>	<u>499</u>

943 births were notified to the County Medical Officer during the year, 533 by doctors and 410 by midwives.

It is important to note that as many as 347 births occurred in hospitals and nursing homes, viz.,

St John's Hospital	93
Peterborough Memorial Hospital	23
Thorpe Hall Annexe	52
Stuart Nursing Home	129
Charnwood Nursing Home	50

It should be remembered, however, that a certain number of cases occurring in Institutions were patients admitted from places outside the County.

303 domiciliary cases were attended by the County Council midwives, 159 as midwifery cases and 144 as maternity cases.

In addition 68 midwifery and 27 maternity cases were attended by the midwives at St John's Hospital.

Owing to the increasing number of cases attended at Thorpe Hall and at St John's Hospital, the work of the County Council midwives has been much reduced. In fact the staff now consists of only five midwives. It was during the last six months of the year when Thorpe Hall Annexe opened that the decrease in the midwives' work began.

For some time past painless midwifery by gas and air has been provided by the County Council, but so far few requests have been made, and only six mothers were so treated during 1943.

Medical aid was summoned by the midwives on 61 occasions, 55 of these being domiciliary cases, viz., for ruptured perinaeum 12; delayed and difficult labour 11; premature or feeble infant 10; post or ante-partum haemorrhage 5; retained placenta 5; abnormal presentation 4; discharge from baby's eyes 3; raised temperature 3; abortion 2; miscarriage 2; and for one of each of the following conditions :- cleft lip, general weakness of mother, scabies, and deformity of infant.

In addition to the above the Doctor was called to the assistance of the midwives in 12 cases at St John's Hospital, but in these cases no medical aid form was sent.

Fifty-one claims were paid to doctors under the Midwives Act 1918. In 23 cases the amounts so paid were wholly recovered, and in 6 cases they were partially recovered. In 22 cases no recovery was considered advisable.

ANTE-NATAL EXAMINATIONS

Unfortunately no examinations were made by private practitioners under the County Council's scheme during the year.

CONSULTATIONS WITH OBSTETRIC SPECIALIST

The following cases were referred to Dr Till during the year :-

D.M.J. Referred on account of having had kidney trouble, fits, and a dead child as a result of her previous pregnancy. Dr Till advised admission to Hospital, where she was rested and put on a special diet. She was delivered spontaneously but developed fever for 48 hours. The child was doing well.

G.I. Referred by her doctor because of swelling of her leg. She was found by Dr Till to be suffering from phlebitis. Her leg and thigh were strapped and rest advised. She was delivered at Stamford Infirmary.

H.L.M. Was a case of pelvic contraction and malpresentation. She was admitted to Stamford Infirmary where a spontaneous live birth occurred. Dr Till advises that all future pregnancies should be medically supervised and that she should be delivered in an institution as induction of labour would have to be undertaken at the 36th week if the foetus were of normal size.

DENTAL TREATMENT

One nursing mother and one pre-school child were treated under the County Council's scheme during the year. The mother had full upper and lower dentures.

CHILD LIFE PROTECTION ACT

One person was receiving children for reward at the end of the year. The number of children on the register was 13.

The home is a good one.

The work of health visiting under the Act is performed by Nurse Mc'Phillips.

VACCINATION

Summary of Vaccination Officers' Returns

	<u>Peterboro'</u> <u>District</u>	<u>Eye</u> <u>District</u>	<u>Barnack</u> <u>District</u>
No: of births returned in Birth List Sheets, 1942 :	835	74	11
Successfully Vaccinated	298	12	2
Insusceptible of Vaccination	4	0	1
No: in respect of whom Statutory Declarations received :-	457	59	7
Died Unvaccinated	30	1	0
Removed to other Districts	15	2	1
Postponement by Medical Certificate	1	0	0
Removed to places unknown	26	2	1
No. of births remaining on 31st Jan. 1944 neither duly entered in Register or accounted for in Report Book	4	0	0
Total number of Certificates of Vacc'n of children under 14 rec'd during 1943	333	18	1
No. of Statutory Declarations of conscientious objection rec'd in 1943	468	44	7

HEALTH VISITING

During the year the health visiting in the Soke of Peterborough (outside the City) was efficiently performed by Miss M. Mc'Phillips. She made 138 first visits to infants under one year of age, and the total number of visits to infants amounted to 598. 186 visits were paid to expectant mothers, 80 of these being first visits. 756 visits were paid to children between 1 and 5 years of age. Altogether 1,540 visits were made, as compared with 1,455 last year.

It should be noted that Nurse Mc'Phillips is School Nurse, Visitor to Mental Defectives, and assists for about six hours a week at the Venereal Diseases Clinic.

The cards of the 138 infants visited for the first time during the year were examined in detail. One was stillborn, the stillbirth being due to a fall. Of the 137 live born infants 71 were brought up on the breast, 53 on the bottle, and 8 were first fed on the breast and then on the bottle. In 5 no record was made. Of the bottle fed babies, 20 were brought up on cow's milk, 15 on Osteomilk, 7 on National Dried Milk, 2 on goat's milk, 5 on "Cow and Gate" milk, 2 on Sister Laura's Food, 1 on Benger's Food, and 1 on Truefood.

131 of the infants were healthy, sturdy youngsters; 6 were not thriving, and 5 died, the causes of death being prematurity 2, congenital heart disease 2, and broncho-pneumonia 1. Two of the infants who were not thriving were breast fed, and 4 were bottle fed. One baby had had an operation for pyloric stenosis but did well. One had a cleft palate, and one had an inguinal hernia. Several infants were circumcised.

Comforters, or dummy teats, were used in 24 cases; they were not used in 110, and in 3 no record was made. Only 5 of the babies slept in the same bed as their parents. In 2 no note was made on this point. All the others had a separate bed or cot. The infants' clothing was found to be satisfactory in all but 8 cases. An enquiry was made into the state of the mother's health, which was generally satisfactory. 13 mothers were in urgent need of dental treatment, but only a few availed themselves of the Council's arrangements. Two mothers were anaemic, one suffered from chronic constipation, one mother was very deaf, and one mother had had pneumonia.

Three of the mothers were described as dirty and slovenly.

The following scanty sleeping accommodation was noted :-

10	people	sleeping	in a	small	caravan	1	case
9	"	"	"	"	2 bedrooms	1	"
7	"	"	"	"	2 "	2	cases
6	"	"	"	"	2 "	6	"
5	"	"	"	"	1 bedroom	3	"
4	"	"	"	"	1 "	3	"

Four of the houses were in bad repair, 3 were damp, and 3 were described as dirty and illkept.

DEATHS

There were 732 deaths in the County of the Soke of Peterborough, 386 being males and 346 females, as compared with 658 in 1942; 671 in 1941; 760 in 1940, and 709 in 1939. This gives a death rate of 12.7. The death rate for England and Wales as a whole was 12.1; for the 126 Great Towns including London 14.2; for the 148 smaller towns 12.7, and for the London Administrative County 15.0.

There were no deaths in persons who had attained 100 years. 20 persons died aged over 90 years, 8 being men and 12 women. The causes of death in the 8 males were ascribed in two instances to arterio-sclerosis, and the deaths of the other six were assigned to myocarditis (1), pneumonia (1), bronchitis (1), cancer of the rectum (1), senility (1), and shock from a fall (1). The deaths of the 12 women were due to mitral disease of the heart in 4, myocarditis in 4, bronchitis in 2, and senility in two.

There were 133 deaths in persons over 80 years of age, 58 being males and 75 females. 11 of these succumbed to cancer, 4 being males, the site of the lesion being on the lip, the colon, the larynx, and the prostate. The seven deaths due to cancer among women over 80 were situated in two instances in the colon, in one in the breast, one the gullet, one in the vagina, one in the bladder, and one in the lung. Fourteen deaths among persons over 80 were due to intravascular cerebral lesions, 6 being males and 8 females. Diabetes caused only one death. Three deaths were attributed to coronary thrombosis, one in a male and two in women. A woman of 83 succumbed to Sonne dysentery, and there was a mild epidemic of this disease at St John's Hospital during the year, chiefly among children. The remaining deaths at this age period were due to myocarditis, bronchitis, pneumonia, and senility.

During the last decade it has gradually dawned upon the profession that there is a great scope for the prolongation of life, and that such prolongation is well worth while, for remarkable work has been performed by persons over the age of superannuation. For instance, Goethe published "Faust" at 80; Titian painted his "Battle of Lepanto" at the age of 90; Michael Angelo "The Last Judgement" at the age of 65; Von Moltke crushed France at the age of 72, and was Commander-in-Chief of the German Army till the age of 88. Charles Macklin acted marvellously in the part of Sir Pertinax McSycophant at the age of 84. Gladstone was Prime Minister at 82, and Winston Churchill in the same position at the age of 66 hurled defiance at Hitler, and will conquer him before he is 71.

This leads me to make the suggestion that perhaps it would be well to start middle and old age welfare centres, beginning at 45 and continued throughout life. For the infant welfare service, a system of allowances might be substituted to ensure good maternal attention. At the present time there is little need for infant welfare centres, but there is a need for research on the causes of prematurity in infants.

There were eight deaths from suicide, 4 among males aged 54, 69, 38, and 40, and four in females aged 29, 44, 33, and 42. Three were due to drowning, three to coal gas poisoning, one to hanging, and one to a cut throat.

The Registrar-General has only two deaths assigned to road traffic accidents. I have records of five, two in males aged 35 and 13, and three in females aged 82, 50, and 20. Three were caused by motor accidents and two by collision with an omnibus.

There were 14 other violent deaths, 12 being in males and two in women. The two deaths in women, aged 84 and 87, were due to fracture of the legs. Three males were drowned, aged 45, 15, and 5 years. Three men, aged 43, 62, and 64 were run over by trains. A male aged 14 months was suffocated by a ribbon to which his dummy teat was attached. Two men fractured their skulls, and two more fractured their thighs. One man of 37 was killed in a public house brawl. There were 12 male deaths assigned to war operations, 11 being in males over 20, and one in a male of 35.

I record nine deaths as due to diabetes, two in men and seven in females. The two deaths in men occurred at the ages of 37 and 70. The disease in the man aged 37 was complicated by tuberculosis. The seven deaths in women occurred with one exception between the ages of 75 and 60; one woman died at the age of 40.

The Registrar-General records 122 deaths from cancer, 57 being females and 65 males. I have notes of 115. 22 deaths (11 men and 11 females) were due to cancer of the stomach; 16 to cancer of the colon (10 males and 6 females); 15 to cancer of the rectum (10 males and 5 females); 1 to cancer of the tongue, 1 to cancer of the lip, 1 to cancer of the jaw, 1 of the cheek, and 1 of the abdomen, the exact site not being stated. 16 deaths were due to cancer of the gullet, 2 being men and 3 women, 2 to cancer of the pancreas, 1 of the gall bladder, and one man and one woman died of cancer of the caecum.

68 deaths therefore were due to disease of the alimentary canal.

There were 15 deaths due to cancer of the breast in women, 5 to cancer of the bladder, 3 to cancer of the ovary, 2 cancer of the uterus, and one of the penis and two of the prostate. There was one death due to cancer of the brain, one to rodent ulcer of the face, one of the glands of the neck. Hodgkin's disease, a disease of the glands of the neck, was recorded in a girl of 8.

The large proportion of the deaths occur from disease in the alimentary system, the reproductive apparatus, and the urinary organs. But the organs of respiration are not spared. There were 12 deaths from cancer of the lung, 10 in males and 2 in females.

One of the deaths occurred in a patient of mine who was suffering from pulmonary tuberculosis with tubercle bacilli in the sputum, for which an artificial pneumothorax had been induced at Creaton Sanatorium, followed by section of adhesions. He returned home but did not do well. He had frequent attacks of pyrexia and numerous small amounts of blood were expectorated. He lost weight, showed mental change, and complained of great pain in the back and neck, but the sputum remained negative. The X-ray examinations, both in London and Peterborough, were interpreted by the radiographers as showing evidence of tuberculosis in the uncollapsed lung. He went to an Emergency Hospital at Roehampton, where the diagnosis was again of tuberculosis. He then showed signs of disease in the nervous system. At the post mortem cancer was found in both lungs, in the brain, spinal cord, and the abdominal organs. The case illustrates the advisability of attaching great importance to the absence of tubercle bacilli in the phlegm when all signs and X-ray picture lead one to diagnose tuberculosis. There were two deaths from cancer of the larynx, one in a man and one in a woman.

No outstanding form of treatment has been described during the year. The late Sir Arthur Hurst, shortly before his death, recorded the extreme frequency of cancer of the stomach in people without teeth or with ill-fitting dentures, a state of things which of course is commonest among the poor, among whom cancer is twice as common as among the well-to-do.

In my last Report I alluded to the benefit derived by the application of cold in the relief of pain in advanced cases. Still more recently fever therapy has been tried with satisfactory results. The patients' temperature was raised to 104 and maintained for $\frac{1}{2}$ hour to one hour. The patient was then taken to the X-ray room and given irradiation treatment. 65 per cent showed symptomatic improvement.

In cancer of the breast radiotherapy, after the radical surgical operation, appears to be of benefit, the results being between 20 and 30 per cent better when radiotherapy is applied.

For cancer of the lung the total removal by surgery is the only form of treatment likely to effect cure. In one series of 94 cases 38 patients, or 40.5 per cent were cured.

In cancer of the prostate gland considerable relief has been afforded by castration, followed by the injection of diethylstilboestral daily for 10 days.

Forty years ago, in 1903, there were only 35 deaths from cancer in the County. By 1912 there were 34, and now in 1943 there are 122 deaths. This increase has lead you to arrange for a time being for treatment by radium at Scunthorpe Radiotherapy Centre.

There were 171 deaths from heart disease and other diseases of the vascular system. Four deaths were due to disease of the aortic valves of the heart. Two were recorded as cases of stenosis or narrowing of the aorta, and one in a man of 46 to regurgitation. In the others the lesion is not described.

There were 26 deaths from disease of the mitral valves of the heart, 8 in men and 18 in women. Unspecified valvular disease of the heart occurred in 6 persons, one in a male and five in females. Two of the five females were aged 34 and 40 years. Myocarditis, or weakening of the heart muscle, accounted for 53 deaths in men and 39 in women. With one exception (a woman of 48 suffering from rheumatism) all occurred in elderly persons.

Coronary thrombosis and coronary disease accounted for 22 deaths, 18 being males and 4 females. Most of the deaths occurred between 60 and 80 years of age, but two women died aged 35 and 39.

Four deaths were attributed to angina, which is caused by coronary disease. All were in women. Two were over 70, one was aged 45, and the other 48.

Endocarditis accounted for nine deaths, 7 in men and 2 in women.

The malignant form of this disease caused the death of a man aged 56. Three were due to rheumatic endocarditis, 2 in young men aged 19, and one in a woman aged 28.

Septic endocarditis caused the death of a man of 20, and influenzal endocarditis of a man aged 34. Thyroid disease affected the heart in two cases - a man of 69 and a woman of 47. Endarteritis occurred in a man of 79. Septic phlebitis after injection for varicose veins caused the death of a woman aged 36. Congenital heart disease was the cause of death in three infants.

The Registrar-General records 42 deaths of infants under one year of age. These will be referred to in detail under the heading of Infant Mortality. Apart from infant deaths under one year there were 26 deaths in young persons aged from one to 20 years, 17 being males and 9 females. Four of the 17 males died from various forms of pneumonia aged 8, 15, 1 $\frac{1}{2}$, and 3 years respectively. One died from acute bronchitis aged 1 year and 2 months. Two were drowned, aged 5 and 15 years. An infant was suffocated by a ribbon round his neck, and a boy of 13 was killed in a motor accident. One death was assigned to each of the following causes :-

Split spinal column	aged 1 year 2 months;
Acute nephritis	" 3 years
Acute yellow atrophy	" 10 "
Acute lymphatic leukaemia	" 9 "
Tonsillitis	" 4 "
Haemophilia or bleeding	" 1 year and 2 months,
Simmond's Disease	" 19 years.

Simmond's Disease is a very rare condition. Only some 203 cases have been described. It is caused by destruction of the anterior pituitary gland and is characterised by extreme emaciation and loss of appetite.

The 9 deaths in females comprised two deaths from pulmonary tuberculosis, aged 10 and 13 years, and one each of the following :-

chronic nephritis	aged 9
rheumatic endocarditis	" 19
cerebral tumour	" 2
Hodgkin's disease	" 8
infantile convulsions	" 2
motor accident	" 19
broncho-pneumonia	" 1 yr 10 months.

The Registrar-General assigns no deaths as being due to puerperal sepsis. I have record of one death in a City of Peterborough resident who died at Markfield Sanatorium in Leicestershire. The birth did not take place in the City. The Registrar-General records three deaths from other maternal causes. I can only find two among Peterborough residents, although there were two more in the Memorial Hospital, one of whom came from March and the other from the Isle of Ely. Three of these four deaths occurred in the Memorial Hospital, one from placenta praevia, and the two others from eclampsia. One death occurred in St John's Hospital from eclampsia. She had been unable to obtain admission to the Memorial Hospital.

There were no deaths in the Peterborough and Barnack Rural Districts, and it should be emphasized that the Soke of Peterborough County Council is not responsible for the treatment of the toxæmia of pregnancy or for the other ailments of that condition in the City.

The Registrar-General records two deaths from syphilitic disease. The first was in a man of 76 who had been under my care for years suffering from locomotor ataxia. The second was a case of ruptured aortic aneurism in a man aged 61. He was never under my care. There was a third case of general paralysis in a woman of 31, she died at home.

INFANT MORTALITY

The Registrar-General records 42 deaths in infants under one year of age. I have records of 43, 32 being males and 11 females. According to the Registrar-General's figure the infant mortality rate is 44.4 per 1000 births (There were 945 births in the County.) In England and Wales the infant mortality rate was 49; for the 126 County Boroughs and Great Towns, including London, 58; for the 148 smaller towns 46, and for London Administrative County 58. 33 of the deaths occurred in the City of Peterborough, a rate of 54; 8 in the Rural District of Peterborough, a rate of 66.6, and one in the Barnack area, a rate of 33.3.

Nineteen of the 43 died of prematurity, congenital debility and marasmus. 3 died of congenital heart disease at the ages of 1 day, 11 days, and 14 days. One died of enlargement of the liver aged 5 months. Three deaths were due to malposition of the infants in the mother's womb. In two cerebral haemorrhage occurred at the age of 11 days and 5 months respectively, and the other died within 2 hours of birth. Two deaths were due to icterus neonatorum or jaundice of the newborn, and one was due to atelectasis. 8 were due to pneumonia in infants aged respectively 11 months, 10 months, three aged 4 months, two aged 2 months, and one aged 1 month. One died of unspecified meningitis at the age of 2 months, one of tabes mesenterica at the age of 7 months, two of enteritis aged 2 weeks and 5 months, and one of Pink disease. Pink Disease, or Acrodynia, is a comparatively new disease. It was first described in Germany in 1903, then in Australia in 1914, and did not attract attention in England till 1922. Its cause is unknown. It is not due to faulty feeding or lack of vitamins. The victim is miserable and restless, and cannot bear the light. The skin of the face, hands, and feet is red and sodden. The mortality varies from 3 to 30 per cent. This case died in a cottage in a large estate in the Barnack District. There is no cure for the disease. The only thing one can do is to make the child as comfortable and cool as possible by dusting powder and open air treatment.

There were 33 stillbirths in the County, 32 in the City and one in the Peterborough Rural District.

How can one combat infant mortality and stillbirths and diminished fertility? Not, I think, by establishing infant welfare centres, because in this County 67% of the deaths in infants occur from deficient vitality and within the first month of life.

Improved midwifery and care of pregnant women will save a few.

The loss of our most virile portion of the population during the last and present War, and the impaired health of many potential fathers is leading to the adoption of artificial insemination of the human female. Over a year ago I read that 9,489 births had been successfully brought about by these methods. One of the advantages, or disadvantages, of this method is that males are more frequently produced than by the natural methods of fertilization.

In the 9,489 births in the United States there would have been 4,883 males and 4,606 females, but actually there were 5,676 males and 3,813 females. This is evidence, therefore, that where male births are desired the method has its usefulness.

The medium for the production of males must be alkaline and this is brought about by depositing the seed on the neck of the womb and so avoiding the acid reaction of the female genital passage. It has also wider usefulness in cases where the husband is diseased or impotent. And now that the question of how to manage our defeated enemy is exciting the interest of legislators and educationalists, could not the production of a less troublesome race be contemplated by some such method?

But already opposition is excited, and the voices of that Celestial City of Birmingham have already risen in protest, whether on moral or financial grounds I do not know, but is Birmingham disinterested in the production of munitions of war?

During the year you established an infant welfare centre at Eye, which I attend at monthly intervals. 22 children under one year of age attended and 10 over one year of age. The parents obtain their cod liver oil and fruit juices there, and other distribution centres for cod liver oil and fruit juice have been arranged at Thornhaugh School to serve families living at Thornhaugh, Wansford, North Road, and Cook's Hole; at Wittering village; Head Teacher's Room at Northborough for Northborough, Maxey, Rippon's Drove, and Deeping Gate; Room at Barnack School for Barnack, Pilsgate, Bainton, Ufford and Walcot; Room at Castor for Castor, Ailesworth, Upton, Sutton and Marholm; Room at Newborough for Newborough and Borough Fen.

PULMONARY TUBERCULOSIS

The Registrar-General records only 21 deaths from pulmonary tuberculosis. I have records of 25, 16 of these being men and 10 women. The death rate is 0.43 per 1000 of the population.

The following are the number of deaths since 1912 :-

1912- 31;	1913 - 30;	1914 - 48;	1915 - 37;	1916 - 36;	1917 - 48;
1918 - 52;	1919 - 38;	1920 - 38;	1921 - 45;	1922 - 32;	1923 - 32;
1924- 24;	1925 - 30;	1926 - 21;	1927 - 32;	1928 - 26;	1929 - 27;
1930- 19;	1931 - 23;	1932 - 27;	1933 - 17;	1934 - 24;	1935 - 13;
1936- 21;	1937 - 31;	1938 - 18;	1939 - 24;	1940 - 8;	1941 - 18;
1942- 22;	1943 - 21.				

I append notes on each case :-

- J.A. Was a young man who worked at the B.T.H. Factory. He was notified on 21-12-42. He was seriously ill but was sent to Creaton Sanatorium, where he remained till 9-9-43. He had not improved at all, and he died on 5-12-43.
- O.B. Was notified as far back as 11-9-24. He had various periods of sanatorium treatment at Hastings and Creaton. At Creaton an artificial pneumothorax was produced, and some years later adhesions were cut in the same Institution. During 1943 he had slight haemorrhages and signs of disease of the spine, but tubercle bacilli were not found in the phlegm, and X-rays showed no signs of spinal tuberculosis. He was sent to Roehampton, but the diagnosis was "active tuberculosis." He developed signs of disease of the nervous system and he was admitted to the Peterborough Memorial Hospital, where he died, and was found to have developed cancer in both lungs, the tuberculosis being arrested.
- W.C. Aged 32. Was first notified on 5-5-42. He was sent to Creaton Sanatorium on 9-6-42, and discharged on 10-10-42. An artificial pneumothorax had been induced there. I saw him on 13-10-42 and found him highly febrile. Subsequently pus was found in his chest, and he was readmitted to Creaton on 26-1-43 and was again discharged on 29-3-43, and died shortly afterwards on 3-7-43.
- Walter C. Aged 60. Was first notified on 16-6-43. He was greatly emaciated and died less than a month after notification. He was treated at home by me.
- C.G. Was invalided out of the Air Force. When first seen on 20-6-42 he was very feverish and had bilateral disease. He was admitted first to Brumby and subsequently to Papworth, where he died on 11-5-43.
- V.G. Was first notified as far back as 19-2-31. He had had prolonged treatment at Creaton Sanatorium. He died on 15-8-43.
- W.J.E. Was an Army pensioner. He lost his leg in the last War. Was first notified on 31-12-38. He was found to have extensive disease in both lungs, and was treated by me at home. He was provided with an open-air shelter. He did well for a time and then relapsed. He died on 22-3-43.
- E.G. Was a railway guard, who was first notified on 2-4-38, aged 42. He was sent to Eversfield Sanatorium on 18-3-38, before he was actually notified and returned on 9-6-38, and remained at work till shortly before his death on 26-4-43.
- W.H. Aged 57. Was a transfer from Derbyshire on 13-11-42. I only saw him once. He went to Creaton on 24-11-42 and died there on 1-5-43.
- Mr K. Aged 37. Was first notified on 31-5-43. I found he had extensive disease in both lungs, the right being more affected than the left. He had in addition severe diabetes. He was admitted under Dr Fulton for diabetic treatment to the Peterboro' Memorial Hospital. He died on 11-9-43.
- Mr M. Was a clerk aged 50. He was notified first on 19-10-42. He then had very advanced disease in both lungs. He was treated by me and died on 6-2-43.

Mr P. Was a transfer from another County. He was first notified on 31-5-41. He was much emaciated, but improved considerably under rest. He was sent to Creton on 1-7-41 and remained till 6-12-41, when he was much improved. He left the County for two months and returned on 20-2-42. He died on 12-6-43.

Mr V. Aged 47. Was a case of miliary tuberculosis of the pharynx and lungs - an always fatal condition. He was first notified on 15-11-43, and died on 4-12-43.

F.D. Aged 23. Was an Army case notified by the Ministry of Health on 7-6-43. He was never seen by me. He went to Papworth on 26-6-43, and died there on 12-11-43.

Miss B. Aged 20. Was first notified on 10-6-39. She had extensive disease in one lung. An artificial pneumothorax was attempted by me but failed. Gold treatment was tried. She was admitted to Creton Sanatorium on 11-2-41 and returned rather worse on 5-6-41. She died on 7-2-43.

Miss P.B. Aged 17. Was notified on 7-9-42. She went to Creton Sanatorium on 13-10-42 and returned from there very much worse on 8-4-43. She died on 19-6-43.

Miss A.C. School girl aged 9. Was notified by the School Medical Officer on 20-6-42. She was found to have advanced disease with tubercle bacilli in the sputum. She was attended by me, and died on 17-1-43.

K.E. Was a case of pulmonary tuberculosis of the left lung, first notified on 10-11-41. An artificial pneumothorax was effected by me. She did quite well, but as there were adhesions I thought it advisable to let her go to Creton Sanatorium which she entered on 2-3-42, and remained there till 6-8-42. Nothing was done. On her return I found the left side of the chest was full of fluid. I removed two pints. Subsequently this became purulent and a sinus developed in the chest. The opposite lung broke down into cavity formation. She died on 20-8-43.

Miss C.F. Aged 18. Was a transfer from Brighton, Sussex, and was notified on 6-10-39. She was then in an advanced stage of the disease, and the outlook given by the Brighton Tuberculosis Officer was very bad. On rest she improved, married, left the district, and died on 27-5-43.

V.P. Aged 19. Was a land worker, first notified on 5-4-43. She was then extremely ill with a high temperature, disease in both lungs and intestinal disease. She was treated by me and died on 26-8-43.

Miss B.S. Aged 23. Was first notified to me on 5-10-42. Previous to this she had had numerous operations for empyema. Tubercle bacilli were present in the sputum. Both lungs were involved. She had an excellent home. She was attended by me till her death on 6-7-43.

Miss W. Aged 18. Was first notified on 31-5-40. She was admitted to St. John's Hospital on 5-6-40, and remained there till 6-12-40, when the cases of phthisis had to be removed. She was then provided with an open-air shelter, extra nourishment, and was attended by me. She died on 9-10-43. She did well at St. John's, but unfortunately when at home she did not continue on absolute rest.

During the year 42 cases of pulmonary tuberculosis were notified, as compared with 43 in 1942 - 20 being males and 22 females. Two of the men and one of the women had been previously notified in other areas. The details of the cases notified are as follows :-

A.W. Aged 21. Notified from the Peterborough Memorial Hospital where she had been sent by her doctor. She had been ill for months, the left lung was extensively diseased with an exudative lobular pneumonia. Her temperature was high. The outlook was exceedingly serious. A left sided artificial pneumothorax was produced and on 29-10-42 the X-ray report stated that a good left sided artificial pneumothorax had been produced with some fluid on the left side. The temperature, however, had not settled, but the expectoration was much diminished, and at the end of the year there was a little more fluid in the left pleural cavity and the lung is still collapsed. These cases are of a specially severe character and I had little hope of preserving life.

B.T. Was a shop assistant of 36. She presented serious X-ray appearances of disseminated tuberculosis in both lungs with cavitation, and tubercle bacilli in the sputum. She was treated by absolute rest in bed. She did well. The signs in the lungs have disappeared to a great extent. She has gained over a stone in weight and is now back at work.

G.F. Was a female war widow, aged 20, with a considerable amount of disease in the right lung. Tubercle bacilli were present in the sputum. She was much depressed. An artificial pneumothorax was induced. She did well and is back at work.

G.E. Aged 3.) Were contacts to their aunt, who had advanced
D.E. Aged 9. (tuberculosis. The X-ray pictures in both of them showed enlarged hilar glands with commencing infiltration of the lungs. They went to Creton for a few months. Both did well and both are now back at school.

E.D. A grinder of 50. He was seriously ill and preferred to leave Peterborough for his home.

W.R. Aged 26. A very early case of pulmonary tuberculosis. Tubercle bacilli were not present in the sputum. She went to Creton Sanatorium for two months. She did well, and remains well.

B.S. Aged 17. Was a case of haemoptysis, early lung disease, and enlarged glands in the neck. She went to Creton on 3-4-43 and was still in the Sanatorium at the end of the year. She is doing well.

R.W. Was notified from Benenden Sanatorium. I never saw this man and as far as I know he has not returned to Peterborough.

V.P. Aged 19. Was a serious case of pulmonary and intestinal tuberculous disease. She was too ill to go to a Sanatorium and died four months after notification. Her brother and nephew died of the disease.

E.S. Aged 43. Was a groundsman at a Golf course who had been ill for years with bilateral pulmonary tuberculosis and cavitation. He was provided with an open-air shelter. He has improved.

- J.S. Aged 36. Electrician. Was a fairly favourable case of pulmonary tuberculosis with tubercle bacilli in the sputum. I tried to induce an artificial pneumothorax but failed. He was admitted to Creton on 3- 5- 43 and discharged quiescent on 17- 12- 43. He has since left the town.
- J.S. Son of the above, aged 2 years, reacted to a Tuberculin Patch Test and showed signs of tuberculous broncho-pneumonia. He was sent to Creton and remained a month, when the X-ray picture was almost normal.
- T.C. Aged 16. Was not notified till 27- 4- 43, but was first seen by me on 15- 7- 36 as a contact to her father who died from pulmonary tuberculosis. She presented no evidence of disease then. She was seen again two years later but appeared in good health. In May 1940 she complained of pain on the right side and signs of pleurisy were found. An X-ray examination revealed suspicious infiltration over both upper lobes. She was put to bed from 4- 5- 40 till 9- 11- 40 and remained under observation till 27- 9- 41, when she began to work. In 1943 she brought up blood and on X-ray examination a bilateral tuberculosis was present, being of the mixed type. She improved with rest. She was sent to Creton on 8- 4- 43 and discharged on 9- 9- 43. She was very much worse, cavitation being present on the right lung and the intestines being affected by the disease. She was much worse at the end of the year and died on 2- 2- 44.
- L.O. Aged 21. Was an early case of pulmonary tuberculosis. She was given rest at home and subsequently left the County.
- C.K. Aged 37. Was a serious case of pulmonary tuberculosis, complicated by diabetes. He was admitted to the Peterborough Memorial Hospital and died within three months.
- T.D. Aged 68. Was one of the senior officials of the Corporation. He was not seen by me, but when first taken ill as far back as 1917 during the last great War he went to King Edward VII Sanatorium at Midhurst and did well.
- I.M.C. Aged 15. Was a contact to G.F. She was found to have disease of the right lung. She went to Creton on 1- 9- 43 and was discharged on 15- 12- 43., a right sided artificial pneumothorax having been effected.
- F.D. Was an Army case aged 23. He was notified from Papworth Colony on 26-6-43 and died there on 12-11-43. I never saw him.
- W.C. Was a man of 60, who was very ill and emaciated when first seen by me. He died about a month after notification.
- J.B. Was a motor driver aged 23. He had considerable disease on the right side of his chest. I induced a right sided artificial pneumothorax. He is doing well and is back at work, and is continuing his pneumothorax treatment.
- P.W. Aged 50. A compositor. Had a slight haemoptysis. He had a fibroid form of tuberculosis. He was sent to Creton on 26- 7- 43 and discharged on 29- 11- 43. He has done well and is back at work.

- C.S. Was a female machinist with left sided disease. An artificial pneumothorax was produced. Owing to domestic difficulties she was admitted to Creaton Sanatorium on 26- 7- 43 and discharged on 28- 10- 43. While at the Sanatorium an adhesion was cut and the artificial pneumothorax continued. She is doing well and is still having artificial pneumothorax treatment.
- W.J.A. Was an apprentice fitter aged 19. He had disease in both lungs. After a period of rest in bed the disease in the right lung had healed sufficiently to justify an artificial pneumothorax on the left. He has had one or two setbacks due to pleurisy but is well enough to come to the Dispensary for refills.
- S.B. Was a labourer, aged 43. He was in a very advanced stage of the disease. He died within two months of notification.
- E.G. Aged 55. Was another very advanced case. She had been ill for years and was very emaciated. She died a few days after notification.
- C.J. Was an airman aged 38. He was never seen by me and his case was taken over by the Air Force authorities.
- I.L. Aged 22. Was a female machinist with disease in both lungs and tubercle bacilli in the sputum. After a period of rest at home for a month she was admitted to Creaton Sanatorium on 9- 9- 43, where a left sided artificial pneumothorax was produced. She was discharged on 24- 2- 44 and is attending the Dispensary for refills.
- C.J.N. Aged 28. Was notified to us by the Ministry of Health on 11- 9- 43. Arrangements had previously been made for his admission to Creaton, where he went on 9- 9- 43. He was discharged on 24- 2- 44. He had extensive disease in both lungs. He is now resting in bed in an open-air shelter.
- M.W. Aged 6. Was a contact to C.J.N. She gave a positive Tuberculin Patch test and the X-ray showed consolidation of the right middle lobe and segmental consolidation of the left upper lobe, a primary tuberculosis of the lobar type - an epituberculosis. She was treated by rest at home and she is now back at school.
- M.G. Aged 20. Was notified as a tuberculous pleurisy from the Peterborough Memorial Hospital. She made excellent progress and is now under Dispensary supervision.
- D.R.T. Was an infant of 9 months, notified on 29- 2- 43. His father had died of consumption before he was born. His aunt, whom he saw once, also died from the disease. He was found to have acute miliary tuberculosis. He died on 7- 12- 43.
- D. O'N. Aged 37. Was a transfer from Leicester with advanced disease. He left the district after a short stay.
- Mrs T. Was a transfer from Gloucestershire, notified on 1- 11- 43. She had disease in both lungs. She was put to rest in bed and attended by me. She was doing well when she became pregnant. After the birth of her baby she deteriorated rapidly.

- M.T. Female aged 23, notified on 1- 10- 43. She was a contact to her brother D.R.T. She had previously had pleurisy. An artificial pneumothorax was attempted by me but failed. She was admitted to Creaton Sanatorium on 2- 11- 43 and discharged on 16- 2- 44. She had moderately advanced disease. She is holding her own well and is under Dispensary supervision.
- R.J. Aged 43. Was a transfor from Derbyshire - an engine driver. He had advanced disease. He left the district after a short stay and subsequently died.
- I.M.L. A female married clerk aged 28, was notified on 8- 11- 43. She had considerable disease in the right lung, dullness and crepitations extending from the right apex to the inferior angle of the right scapula, and was running a high temperature. I failed to produce an artificial pneumothorax. The temperature remained high and it was not till June 1944 that it was judged advisable to remove her to Creaton.
- J.R. Was a female fitter aged 18, notified on 15- 11- 43. She gave a history of pleurisy 2 years ago. Clinically both apices were dull, but on X-ray examination infiltration of both lungs with cavitation was disclosed. She did not wish to go to a Sanatorium and was put on rest at home. She did fairly well, but owing to the ill health of her father she consented to go to Creaton Sanatorium, which she entered on 9- 3- 44. The new treatment of pneumo-peritoneum has been given, which consists of admitting gas into the abdominal cavity, which pushes up the diaphragm and so diminishes the work of the lungs.
- G.V. Was a case of miliary tuberculosis of the pharynx referred to under the deaths.
- W.P.B. Aged 22. Was in the A.T.S. She had left sided disease. An artificial pneumothorax was produced by me and is doing well. Unfortunately, although referred to the Birth Control Clinic, she is pregnant. I have every hope, however, that she will do well.
- L.A.D. Aged 32. Was an evacuee from London, notified on 11-12-43. She had considerable amount of disease on the right side. An artificial pneumothorax was attempted by me but failed. She was admitted to Creaton Sanatorium on 15- 12- 43, where a thoracoplasty has been performed. The London County Council refused to accept responsibility for this case.
- M.S. Aged 29. Notified on 20- 12- 43. She had been treated in Wales for pleurisy in July 1943. She now presented disease of the substance of the left lung. The X-rays showed chronic tuberculosis of both lungs. She decided to go back to Wales.
- E.F. Was admitted to Creaton Sanatorium on 3- 12- 43 from Mount Vernon Hospital. He was discharged on 28- 5- 44; the disease seemed quiescent.

NON-PULMONARY TUBERCULOSIS

The Registrar-General records eight deaths from non-pulmonary tuberculosis.

A woman of 53 was notified from the Peterborough Memorial Hospital as suffering from tuberculous caries of the spine. She died almost directly afterwards, and I never saw her.

A youth of 21 was invalided from the Navy. He was afflicted with sacro-iliac disease. He was admitted to Stamford Infirmary, where he remained till his death over a year later.

A girl of 18 was notified as having died from tuberculous peritonitis. As a matter of fact she had pulmonary tuberculosis, and is included under the deaths from that form of disease.

A youth of 20 who was first notified on 16-3-40, died on 28-8-43 of generalized tuberculosis. He had had a prolonged period of treatment at the Manfield Hospital, Northampton from 21-11-40 to 7-2-42.

A baby aged 11 months died from miliary tuberculosis. He is probably included under this heading. I have referred to him elsewhere under the heading of D.P.

An infant of 7 months was notified from the Hospital as having died of Tabes Mesenterica and may have been included in this group.

A man of 74 was treated for years for spinal tuberculosis.

He was first notified as suffering from tuberculosis of the spine on 28-5-27. He was treated at the Shropshire Orthopaedic Hospital Oswestry from 29-8-27 to 27-2-29. His death was certified as being due to disseminated sclerosis.

I have no knowledge of the eighth case.

The following cases were notified during the year :-

E.H. A female aged 57. Was afflicted with spinal tuberculosis. She died the day after notification.

A.M.H. Was a school-girl of 8. She was operated on at Stamford Infirmary for tuberculous glands.

D.B. Aged 13. A case of tuberculous glands. He was operated on at Stamford Infirmary.

D.W. A boy of 15. He was operated on at the Peterborough Hospital for tuberculous glands and is doing well.

B.H. A school girl of 6 with tuberculous glands. Her tonsils and adenoids were removed and the glands subsided.

C.C. A girl of 18 afflicted with spinal tuberculosis. She was sent to Creton Sanatorium by you on 18-9-43 and is still there.

P.P. A case of tuberculous glands of the neck. A transfer from Stamford.

C.C. Was notified as a case of sacro-iliac disease. She was admitted to the Manfield Orthopaedic Hospital on 28-12-43 as a doubtful case of this dreadful form of disease. She was discharged on 20-3-44 as a case of rheumatism.

MASS RADIOGRAPHY

Mass radiography has been much discussed during the last year. It would appear that in the apparently healthy about 3 per 1000 are found to have active tuberculosis.

In this County some 170 additional patients would have to be treated annually. Not all of these would require sanatorium treatment.

A mass miniature radiography Unit will, I believe, be available in the Residue of Northamptonshire in 1945.

The Regional Medical Officer considers that for the four small counties of the Soke of Peterborough, Huntingdonshire, Rutland, and the Isle of Ely a centre at Peterborough would be a solution to a very difficult problem.

DISPENSARY WORK

During the year I examined 311 new cases and 149 old patients, a total of 460, as compared with 361 in 1942 and 370 in 1941. I made 1,735 visits to the homes of patients, and the patients made 1,244 attendances at the Dispensary - a total of 2,979. 704 inductions and refills in the production of artificial pneumothorax were made.

At the present time 25 patients are receiving this form of treatment. 13 of these are at work and 12 are not at work. This effects a great economy in the number of sanatorium beds required, and if such treatment had not been available in the patient's homes I do not know how we should have got through the year.

Seven personal consultations were held with medical men, and 168 otherwise.

223 X-ray photographs were taken.

253 samples of sputum were examined by me, 39 being positive and 214 negative.

At the end of the year 1943 197 patients were on the Dispensary Register. 153 adults were suffering from pulmonary tuberculosis, 89 being men and 64 women. 7 children (3 boys and 4 girls) were suffering from the same disease.

27 adults (16 men and 11 women) were suffering from non-pulmonary tuberculosis, and 10 children (3 boys and 7 girls) from non-pulmonary tuberculosis.

Allowances to Tuberculous Patients

Allowances under this Scheme (Ministry of Health Memo. 266/T) have been made to eighteen patients.

Institutional Treatment

On January 1st 1943 thirteen patients were in Institutions, viz.,

- 8 at Creton Sanatorium, Northampton.
- 3 at Manfield Orthopaedic Hospital, Northampton,
- 1 at Stamford & Rutland General Infirmary,
- 1 at Papworth Colony, Cambridge.

During the year 25 persons were admitted to Institutions, viz.,

- 20 to Creton Sanatorium, Northampton,
- 4 to Manfield Orthopaedic Hospital, Northampton,
- 1 to Papworth Colony, Cambridge.

On December 31st 1943 fifteen persons were still in Institutions, viz.,

- 10 at Creton Sanatorium, Northampton,
- 5 at Manfield Orthopaedic Hospital, Northampton.

VENEREAL DISEASES

352 patients attended your Clinic at 28, Fitzwilliam Street, Peterborough for the first time during the year 1943.

In addition 48 patients attended your Clinic for the first time who had been transferred from other centres, where they had been treated for the same infection. Altogether then 400 cases were treated by me for the first time, as compared with 283 in 1942; 237 in 1941, and 144 in 1940. It should be stated that 28 of the 48 patients treated previously at other centres were Army cases, and six more were prisoners of war.

Sixty-eight of these 400 new patients were suffering from syphilis, 136 from gonorrhoea, and 196 from conditions other than gonorrhoea or syphilis, and among these 196 were numerous cases of Trichomona infection, which may or may not be of venereal origin.

On January 1st 1943 170 cases were in attendance, 95 for syphilis, 71 for gonorrhoea, and 4 for conditions other than syphilis or gonorrhoea. In addition 32 patients (21 with syphilis and 11 with gonorrhoea) who for one cause or another had left off treatment or had been transferred to other centres, re-applied to the Peterborough Clinic for treatment, so that 202 old cases were under treatment during the year. Altogether then 602 new and old patients passed through my hands during the year 1943 as compared with 457 in 1942; 387 in 1941, and 312 in 1940.

It is noteworthy that 319 of the 602 patients were females, and 283 males. This is due to the fact that the younger males are in the Army and the wives of such of them as are infected are referred to the Clinic for examination. The younger women in the community are going out to work, the discipline of the home is relaxed, and the opportunities and temptations for becoming infected are much increased.

The places of residence of the 352 new patients who had never before been treated at this or other Centres were as follows :-

	<u>1943</u>	(<u>1942</u>)
Soke of Peterborough	174	(110)
Huntingdonshire	59	(35)
Isle of Ely	39	(24)
Kesteven (Lincs)	17	(7)
Holland (Lincs)	5	(2)
Residue of Northamptonshire	11	(3)
Service Cases	28	(14)
Prisoners of War	13	(20)
Other Areas	6	(1)

There is therefore a marked increase in the number of infected persons in most of the areas. Has the peak been reached? I should say, no. The war in Europe is approaching its end and already the scheme for bonuses for our young soldiers is established on a large and generous scale, which will mean increased expenditure on the activities necessary for the acquisition of venereal disease. This is what happened after the last War.

So far no official sanction has been given to the prevention of these most preventible diseases. What the Ministry of Health has done is included in the Defence Regulation 33.B., by which a County or County Borough Council is empowered to prosecute persons who have infected two or more persons with the disease and who refuse to undergo or persist in treatment until cured.

These conditions were satisfied in the case of two women in Peterborough, one of whom was married and who was suffering from syphilis and gonorrhoea, and the other was single and infected with gonorrhoea. The case was presented to the Magistrates on behalf of the Public Health Committee by Mr Charles Greenwood.

Nurse Carleton, my Clerk, Mr J. Dunford who served the notices, and I attended the Court and gave evidence. Both women were fined £3 each. Both lost their employment, and in consequence devoted all their time to prostitution. One of them subsequently assaulted a policeman and was sent to Holloway Gaol, and from this Institution a certificate of cure was obtained. The other, who had both syphilis and gonorrhoea, attended for a time and then lapsed. In 1944 she was again prosecuted, and this time she was sent to Holloway Prison for three months. She is now attending regularly.

These Regulations have been widely criticized and have received relatively little support. The number who have been served with statutory notices throughout the country is comparatively insignificant, but some 1,900 persons have been informed against by one patient only and had been persuaded to come for treatment. The number of prosecutions has not exceeded ten. Nor can the activities of the Youth Movement be said to be very effective. It is distressing to see boys and girls of 14 years of age or so affected with acquired gonorrhoea.

During the year 72 cases were transferred to other Centres, 38 for syphilis and 34 for gonorrhoea. 240 were discharged; 5 cases of syphilis were cured, 44 cases of gonorrhoea were cured, and 191 cases of other diseases were discharged. Four cases of syphilis died during the year. Two cases of syphilis lapsed in the primary stage of the disease, 5 in the secondary stage, 20 in the later stages, and 4 congenital cases. 42 cases of gonorrhoea ceased to attend before cure was established.

At the end of the year 105 cases of syphilis, 98 of gonorrhoea, and 9 of other diseases remained under treatment - a total of 212 as compared with 170 under treatment on January 1st 1943.

The 602 patients (283 men and 319 women) made 7,699 attendances, as compared with 5,487 in 1942; 5,638 in 1941; 6,067 in 1940, and 7,119 in 1939.

Although there were many more persons treated the attendances are not much more than in the previous year. This is due to the less necessity for the intermediate treatment of gonorrhoea, and to the fact that the Service patients are birds of passage.

The attendances classified in counties are :-

Soke of Peterborough	3,796
Huntingdonshire	1,700
Isle of Ely	867
Kesteven (Lincs)	565
Holland (Lincs)	141
Northamptonshire	181
Service Cases	285
Prisoners of War	142
Other Areas	22

2,189 doses of arsenic were administered, the great majority intravenously, and 2,396 doses of bismuth intramuscularly.

The following report is made by Dr Fulton as to the number of samples sent from the Clinic, Hospital, and private practitioners for pathological examination :-

	<u>Clinic.</u>	<u>Hospital</u>	<u>Private practitioner</u>
For detection of spirochaetes	18	0	0
For detection of gonococci	1,005	28	22
Pus for Trichomona Vaginalis	208	1	0
Wassermann Reactions	508	436	60
Kahn Tests	385	433	37
Gonococcal Complement Fixation Tests	354	20	12
Cerebro-Spinal Fluid tests	44	152	8
Cultures for Gonorrhoea	28	1	0

The total cost of the Laboratory service was £625- 2- 0.

During the year a proposal was made that a Lady Almoner should be appointed by the County Councils making use of the Clinic, which are the Soke of Peterborough, Huntingdonshire, Kesteven, Isle of Ely, and Holland Division of Lincolnshire. Unfortunately Kesteven refused to join the scheme, but Huntingdonshire appointed Mrs Hudson, who has proved most helpful in finding out and securing the attendance of patients from that County. It would be most helpful if her services could be secured for the supervision of patients living in the Soke of Peterborough. The present staff is inadequate to deal with the greatly increased work.

MENTAL DEFICIENCY ACTS 1913 - 1938

On January 1st 1944 eighty persons (46 males and 34 females) were under Statutory Supervision. Ten persons were under Guardianship, 4 being males and 6 females.

During the year 69 persons were resident in the following Institutions: 37 in the Peterborough Public Assistance Institution. One of these has been transferred to Stoke Park Colony, and one is on Licence to Princess Christian's Colony.

22 patients are resident at Stoke Park Colony, 13 being males and 9 females. One imbecile man has been transferred to the Peterborough Public Assistance Institution, and one female has been on Licence to a medical man in Bristol. Four women are resident at Whittington Hall. One has been allowed home on Licence and has since died. One woman is at Sandlebridge, and one woman is at the Home of Help Bath, but since then has been sent to the Peterborough Public Assistance Institution.

Four are at the State Institution, Rampton, (2 men and 2 women.) Seven patients are on Licence, 3 males to the Redmarley Hostel, 2 females to the Old Rectory Hostel, Bath, and one man and one woman to private residents in Peterborough.

Turning to the cases under Guardianship, one man is still employed in the Brickyards, another is in the Ministry of Food, and a third runs errands and blows the organ at a Church; the fourth is a Mongol who has lost the sight of one eye and is incapable of work. There were six women under Guardianship. One of them became difficult to manage as she was so depressed. She has been sent to the Public Assistance Institution. The second assists her mother in the home; the third occasionally works at a Café or on the land. She lives with her widowed mother. The fourth is too deeply imbecile to undertake any work and spends most of her time hiding in a cupboard. The fifth is also too imbecile and in too poor health to do any work. Owing to the death of her father she has been readmitted to the Public Assistance Institution. The sixth works in the Laundry of a Home near Salisbury.

One man is under voluntary supervision. He works in the Porter's Lodge of the Public Assistance Institution.

There were three feeble minded patients (one man and two women) detained as poor law patients. The man has since been signed up.

Few of those under Statutory Supervision are doing useful work. Eight of the men are working on the land, one is working in the Stores of the factory, one is working at an Ordnance Factory, one at a Garage, one on a coal round, two on gardens, and one does odd jobs. Six women are doing useful domestic work in their homes, and one is working in a theatre.

As last year, so this, the Incorporation of National Institutions issued no report on the condition and progress of your patients. One patient in the Mary Dendy Home at Sandlebridge performs light domestic duties such as sweeping, dusting, and polishing. Recreations consist of shopping expeditions, walks, and attending cinemas. She attends religious services in the Institution.

I have reports on 21 men and 20 women in the Peterborough Public Assistance Institution. 11 men are so defective both in mind and body as to be unable to do any work. 5 are employed in cleaning the Institution, one is employed in the garden, two in painting, one as a coalman, and one as a barber's assistant.

Three of the women are not able to do any work; six are employed on domestic work in the Institution, four in the laundry, four in the kitchen, and one in the sewing room. Two are employed in cleaning the Institution.

All the Defectives attend religious services. Their amusements consist of wireless, attending the cinema, and going for walks.

Six men and 18 women attended Miss White's classes at Thorpe Road House during the year.

Mental Treatment Act

One male and one female were admitted to Bracebridge Heath from Peterborough on a voluntary basis during the year.

BLIND PERSONS ACT

There were 110 blind persons on the Register on March 31st 1944. Of this number 11 are partly or fully employed. Twelve are in the Public Assistance Institution, and 16 (8 men and 8 women) are either physically or mentally defective, or a combination of both, as well as blind.

Eighteen new cases were added to the Register during the year, 8 men and 10 women. Three women were transferred to this area; one man and one woman removed from Peterborough.

Five persons were examined by the Ophthalmic Surgeon and were found not to be blind within the meaning of the Act: they have been placed under observation.

Sixty persons were in receipt of domiciliary assistance, as compared with 53 in 1942, and the expenditure has risen from £1999-10- 0 in 1943 to £2186- 5- 4d.

1,792 visits were made by the Secretary. Six persons have been successfully operated on for removal of cataract. Braille and Moon type reading are being taught to separate readers and knitting is being encouraged: one woman of over 80 years of age is knitting for the Red Cross. 49 blind persons are over 70 years of age.

The County Council made a grant of £2350 to the Peterborough Association for the Blind during the year, including a special grant of £50 for the training of mental defectives.

FOOD AND DRUGS ACT 1938

The following 17 samples were analysed from the Liberty of Peterborough during the year 1942. All were taken formally :-

Milk	10
Butter	3
Margarine	1
Lard	1
Tea	1
Sugar	1

One sample of milk was deficient in fat to the extent of 5%.

In 1943 eight samples of milk were analysed by the Public Analyst. Two were reported against, both containing 6% added water calculated on the freezing point.

MILK AND DAIRIES ORDER

Captain Townson informs me that there are 37 accredited producers, but only one Tuberculin Tested herd.

It is satisfactory to note that rather fewer cases of tuberculosis were discovered among the cows, 10 instead of 13 during the previous year.

REPORTS OF THE DISTRICT MEDICAL OFFICERS

Dr Hawes reports that in the Barnack Rural District the water supply from the Pilsgate Bore is bacteriologically satisfactory, and supplies Barnack, Bainton, Ashton, and Ufford. There is a separate supply for Thornhaugh, which is chlorinated at its source. The whole district is scavenged.

Diphtheria immunisation is performed by the County Medical Officer. 64.6% of those under 5 years and 75% of those between the ages of 5- 15 have been immunised. No cases of diphtheria were reported during the year.

Cases of scabies are treated at the Stamford Scabies Clinic. One man, 11 women and 10 children were treated during the year.

In the Peterborough Rural District every village in the area has its water supply from the City of Peterborough Waterworks. 90% of the houses are connected to, or within a reasonable distance of the mains. At Eye there is a satisfactory sewage disposal plant, but some houses are still unconnected and have inadequate garden space for disposal of night soil.

Helpston, Etton, Glinton, Castor, Peakirk, Northborough, Maxey, and Ailesworth have a night soil collection.

At the end of December 62 per cent of those under 5, and 84.6 per cent of those between 5 and 15 years had been immunised for diphtheria by the County Medical Officer.

No cases of scabies have been treated at the City of Peterborough Scabies Clinic.

The City of Peterborough publishes a Report which covers the years 1940, 1941, and 1942. The Report for 1943 has not yet been received by me.

Page 3 is devoted to the work of the Emergency Public Health Laboratory service.

Diphtheria immunisation is dealt with. It appears that 50% of children under 5 have been immunised; and 64% between 5 and 15 years. There were 8 cases of diphtheria in 1940, 20 in 1941, and 32 in 1942, but the majority of these were not immunised.

Cerebro-spinal fever is now a curable disease, thanks to the Sulphonamide compounds. In 1923 there were six cases and 5 died. In 1940 and 1941 there were 11 cases, but only one death.

The next page details the heroic exploits of the Infant Welfare Officers, who have continued to perform their duties in spite of the serious war situations, "the dark days of Dunkirk", repeated migrations from one hall to another, and the owners who were unworthy "to undo the shoelaces of Colonel Heselton of the 14th Battalion of the Royal Fusiliers."

A special mead of praise is reserved for the Ante-natal Consultant, who travels 80 miles a month, month by month and year in and year out.

It is painful to note that in spite of these examples of supreme devotion to duty the attendances at the clinic have sunk for infants under one year from 549 in 1940 to 389 in 1942, and for children between 1 and 5 years from 324 to 298, and the attendance of mothers from 286 to 213.

Three war nurseries have been established, and no increase in infectious disease is recorded.

Scabies offers a wide field for far reaching criticism, unfortunately contained in sentences of not less than 150 words. It appears, however, that the Medical Officer is unable to restrict the movements of patients or to enforce treatment when the patient says he is attending his own doctor. No details are given as to where the Centre is, nor have I been informed officially.

The Medical Officer's Report then ends, to my great regret, for it has, like David Garrick, contributed to the gaiety of nations.

Mr Seden tells us there are two Government slaughter houses and another for killing bacon pigs. Government agents are in charge and there are two distributing depôts. Meat from these centres is distributed over 150 square miles.

In previous days 95 per cent of the beef came from good ox beasts or maiden hievers and the few cows slaughtered were good quality animals. Farmers are now urged to send to the slaughter houses unthrifty and inferior animals.

The following percentages refer to the percentage of carcasses (excluding cow carcasses) condemned for tuberculosis :-

In 1940 - 16.36; in 1941 - 15.53; in 1942 - 11.86.

Among cows 10 per cent were condemned for tuberculosis in 1940, 23 in 1941, and 39 in 1942.

As regards milk, in 1940 one sample was 35 per cent deficient in fat, another sample was taken and found to be 28 per cent deficient on the 3 per cent standard. The bulk sample contained 4 per cent of fat. The vendor was cautioned.

In 1942 a milk which had previously been deficient in fat on several occasions was found to be 49 per cent deficient. The defect was said to be due to mechanical milking caused by irregular and imperfect mixing of strippings, which are rich in fat, with the bulk.

Another Vendor's milk was 8 per cent deficient in fat. Other samples were genuine. The difficulty arose from the vendor failing to stir well his bulk supply when replenishing his service bucket.

INFECTIOUS DISEASES

The following cases of infectious diseases were notified during the year :-

<u>Disease</u>	<u>City of Peterboro'</u>	<u>Peterboro' R.D.</u>	<u>Barnack R.D.</u>	<u>Total</u>
Enteric Fever	0	0	1	1
Scarlet Fever	75	10	4	89
Whooping Cough	106	0	1	107
Diphtheria	25	1	0	26
Erysipelas	9	0	0	9
Small Pox	0	0	0	0
Measles	585	11	8	604
Pneumonia	40	0	1	41
Puerperal Sepsis	2	0	0	2
Totals	842	22	15	879

The work of diphtheria immunisation still continues in the Peterborough and Barnack Rural Districts, and in the Secondary Schools in the City.

The total numbers immunised by me up to June 30th 1944 were :-

	<u>Under 5</u>	<u>5-15 years</u>	<u>Total</u>
Peterborough City	1	335	336
Peterborough R.D.	224	851	1,075
Barnack R.D.	85	196	281
Totals :-	310	1,382	1,692

CHRISTOPHER ROLLESTON

Ketton
Stamford.

